

| United States Bankruptcy Court<br>WESTERN DISTRICT OF MISSOURI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                  | Voluntary Petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Johnson, Donald Keith</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Name of Joint Debtor (Spouse)(Last, First, Middle):<br><b>Chambers, Nancy Elizabeth</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                  | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):<br><b>aka Nancy Elizabeth Johnson, aka Nancy Elizabeth Chambers-Johnson, fdba Nancy's</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6336</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6608</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Street Address of Debtor (No. & Street, City, and State):<br><b>106 N.W. 67th Street<br/>Gladstone, MO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Street Address of Joint Debtor (No. & Street, City, and State):<br><b>106 N.W. 67th Street<br/>Gladstone, MO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ZIPCODE<br><b>64118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                  | ZIPCODE<br><b>64118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| County of Residence or of the Principal Place of Business: <b>Clay</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                  | County of Residence or of the Principal Place of Business: <b>Clay</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Mailing Address of Debtor (if different from street address):<br><b>SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address of Joint Debtor (if different from street address):<br><b>SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ZIPCODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                  | ZIPCODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Location of Principal Assets of Business Debtor (if different from street address above): <b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  | ZIPCODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Type of Debtor</b> (Form of organization)<br><br>(Check one box.)<br><br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><br><input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below)                                                                                                                               | <b>Nature of Business</b><br>(Check one box.)<br><br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (5B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)<br><br><input type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input checked="" type="checkbox"/> Chapter 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Filing Fee</b> (Check one box)<br><br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. |                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Chapter 11 Debtors:</b><br><br><b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).<br><br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
| <b>Statistical/Administrative Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                  | THIS SPACE IS FOR COURT USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Estimated Number of Creditors</b><br><input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Estimated Assets</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                 |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Estimated Liabilities</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion            |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>Voluntary Petition</b><br>(This page must be completed and filed in every case)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | Name of Debtor(s):<br><b>Donald Keith Johnson and Nancy Elizabeth Chambers</b>                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Location Where Filed:<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Case Number:                                                                     | Date Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Location Where Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Case Number:                                                                     | Date Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Name of Debtor:<br><b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Case Number:                                                                     | Date Filed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Relationship:                                                                    | Judge:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>X</b><br><i>/s/ Lorinda D. Walters</i><br>Signature of Attorney for Debtor(s) | <b>10/21/2011</b><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Exhibit C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><br><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition.<br>If this is a joint petition:<br><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| _____<br>(Name of landlord that obtained judgment)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| _____<br>(Address of landlord)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Name of Debtor(s):<br><b>Donald Keith Johnson and<br/>Nancy Elizabeth Chambers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Signatures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b)</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X /s/ Donald Keith Johnson</b><br/> Signature of Debtor</p> <p><b>X /s/ Nancy Elizabeth Chambers</b><br/> Signature of Joint Debtor</p> <p>Telephone Number (if not represented by attorney)</p> <p><b>10/21/2011</b><br/> Date</p> | <p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b><br/> (Signature of Foreign Representative)</p> <p>(Printed name of Foreign Representative)</p> <p>(Date)</p>                                                                                                                                                                                                                               |
| <p><b>Signature of Attorney*</b></p> <p><b>X /s/ Lorinda D. Walters</b><br/> Signature of Attorney for Debtor(s)</p> <p><b>Lorinda D. Walters 27129</b><br/> Printed Name of Attorney for Debtor(s)</p> <p><b>Walters Legal Services</b><br/> Firm Name</p> <p><b>3000 N.E. Brooktree Lane</b><br/> Address</p> <p><b>Suite 230</b></p> <p><b>Kansas City, MO 64119</b></p> <p><b>(816) 454-3000</b><br/> Telephone Number</p> <p><b>10/21/2011</b><br/> Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>                                                                                                                                                                                                                                                                                                                                                | <p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)<br/> (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p><b>X</b></p> |
| <p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b><br/> Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                    |

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION

In re **Donald Keith Johnson**  
and  
**Nancy Elizabeth Chambers**

Case No. (if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**WARNING:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

*[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*

*[Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Donald Keith Johnson

Date: 10/21/2011

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION

In re **Donald Keith Johnson**  
and  
**Nancy Elizabeth Chambers**

Case No.  
Chapter 13

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Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

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*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

*[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement]*

*[Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109 (h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109 (h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Nancy Elizabeth Chambers

Date: 10/21/2011

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION

In re *Donald Keith Johnson and Nancy Elizabeth Chambers*

Case No.  
Chapter 13

/ Debtor

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE                                                                    | Attached<br>(Yes/No) | No. of<br>Sheets | ASSETS        | LIABILITIES   | OTHER       |
|-------------------------------------------------------------------------------------|----------------------|------------------|---------------|---------------|-------------|
| A-Real Property                                                                     | Yes                  | 1                | \$ 95,000.00  |               |             |
| B-Personal Property                                                                 | Yes                  | 4                | \$ 43,033.74  |               |             |
| C-Property Claimed as<br>Exempt                                                     | Yes                  | 1                |               |               |             |
| D-Creditors Holding Secured<br>Claims                                               | Yes                  | 3                |               | \$ 84,531.15  |             |
| E-Creditors Holding<br>Unsecured Priority Claims<br>(Total of Claims on Schedule E) | Yes                  | 1                |               | \$ 0.00       |             |
| F-Creditors Holding<br>Unsecured Nonpriority Claims                                 | Yes                  | 12               |               | \$ 116,370.63 |             |
| G-Executory Contracts and<br>Unexpired Leases                                       | Yes                  | 1                |               |               |             |
| H-Codebtors                                                                         | Yes                  | 1                |               |               |             |
| I-Current Income of Individual<br>Debtor(s)                                         | Yes                  | 1                |               |               | \$ 4,773.10 |
| J-Current Expenditures of<br>Individual Debtor(s)                                   | Yes                  | 1                |               |               | \$ 3,155.63 |
| TOTAL                                                                               |                      | 26               | \$ 138,033.74 | \$ 200,901.78 |             |

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION**

*In re Donald Keith Johnson and Nancy Elizabeth Chambers*

Case No.  
Chapter 13

\_\_\_\_\_  
/ Debtor

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability                                                                                                   | Amount              |
|---------------------------------------------------------------------------------------------------------------------|---------------------|
| Domestic Support Obligations (from Schedule E)                                                                      | \$ 0.00             |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)                                          | \$ 0.00             |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00             |
| Student Loan Obligations (from Schedule F)                                                                          | \$ 14,594.98        |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$ 0.00             |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ 0.00             |
| <b>TOTAL</b>                                                                                                        | <b>\$ 14,594.98</b> |

State the following:

|                                                                                            |             |
|--------------------------------------------------------------------------------------------|-------------|
| Average Income (from Schedule I, Line 16)                                                  | \$ 4,773.10 |
| Average Expenses (from Schedule J, Line 18)                                                | \$ 3,155.63 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ 7,307.14 |

State the following:

|                                                                            |         |               |
|----------------------------------------------------------------------------|---------|---------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$ 1,885.32   |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | \$ 0.00 |               |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$ 0.00       |
| 4. Total from Schedule F                                                   |         | \$ 116,370.63 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$ 118,255.95 |

In re Donald Keith Johnson and Nancy Elizabeth Chambers  
Debtor

Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 10/21/2011

Signature /s/ Donald Keith Johnson  
Donald Keith Johnson

Date: 10/21/2011

Signature /s/ Nancy Elizabeth Chambers  
Nancy Elizabeth Chambers

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In re Donald Keith Johnson and Nancy Elizabeth Chambers  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## **SCHEDULE A-REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

B6B (Official Form 6B) (12/07)  
In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)Case No. \_\_\_\_\_  
(if known)**SCHEDULE B-PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property                                                                                                                                                                                                             | N<br>o<br>n<br>e | Description and Location of Property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Husband--H<br>Wife--W<br>Joint--J<br>Community--C | Current<br>Value<br>of Debtor's Interest,<br>in Property Without<br>Deducting any<br>Secured Claim or<br>Exemption |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| 1. Cash on hand.                                                                                                                                                                                                             | X                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                    |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X                | <p><i>Checking Account #xxxx7770 at Community America Credit Union</i><br/> <i>Location: In debtor's possession</i></p> <p><i>Regular Share Account #xxxx7700 at Community America Credit Union</i><br/> <i>Location: In debtor's possession</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | J                                                 | \$ 34.22                                                                                                           |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.                                                                                                                                      | X                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                    |
| 4. Household goods and furnishings, including audio, video, and computer equipment.                                                                                                                                          |                  | <p><i>2 desktop computers/monitors: 200; 27: color television: 100;</i><br/> <i>Location: In debtor's possession</i></p> <p><i>Sofa: 100; loveseat: 50; recliner: 50; 2 ottomans: 30; entertainment center: 100; stereo/speakers/receiver: 50; 5 lamps: 60; 3 end tables: 90; leather recliner: 50; 4 vases: 20; 3 framed pictures: 30; DVDs: 50; compact discs: 150; miscellaneous kitchen decor: 75; kitchen table/6 chairs: 150; dining room decor: 85; pots &amp; pans: 55; dishes: 50; flatware: 10; wire baker's rack: 30; stove: 75; refrigerator: 75; linens: 75; microwave: 50; small kitchen appliances: 100; 14 miscellaneous decorative plates: 45; statues: 50; Dell laptop computer: 400; printer: 75; computer desk: 20; books: 75; king-sized bed: 175; dresser/side tables:</i></p> | J                                                 | \$ 300.00                                                                                                          |
|                                                                                                                                                                                                                              |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | \$ 3,525.00                                                                                                        |

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)Case No. \_\_\_\_\_  
(if known)**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property                                                                                                                                                                                                                           | N<br>o<br>n<br>e | Description and Location of Property                                                                                                                                                                                                                                                                                                    | Husband--H<br>Wife--W<br>Joint--J<br>Community--C | Current<br>Value<br>of Debtor's Interest,<br>in Property Without<br>Deducting any<br>Secured Claim or<br>Exemption |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                            |                  | <i>50; miscellaneous bathroom decor: 20; futon: 75; washer: 250; gas dryer: 50; freezer chest: 75; desk: 75; 3 bookcases: 30; shop vac: 25; 2 grinders: 30; circular saw: 25; electric drill: 15; miscellaneous hand tools/tool belt: 150; gas grill: 80; patio furniture: 25; lawn mower: 50;<br/>Location: In debtor's possession</i> |                                                   |                                                                                                                    |
|                                                                                                                                                                                                                                            |                  | <i>32" flat screen television<br/>Location: In debtor's possession</i>                                                                                                                                                                                                                                                                  | J                                                 | \$ 300.00                                                                                                          |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.                                                                                                        | X                | <i>Family Clothes<br/>Location: In debtor's possession</i>                                                                                                                                                                                                                                                                              | J                                                 | \$ 400.00                                                                                                          |
| 6. Wearing apparel.                                                                                                                                                                                                                        |                  |                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                    |
| 7. Furs and jewelry.                                                                                                                                                                                                                       |                  | <i>Costume jewelry: 35; 2 wedding bands: 100<br/>Location: In debtor's possession</i>                                                                                                                                                                                                                                                   | J                                                 | \$ 135.00                                                                                                          |
| 8. Firearms and sports, photographic, and other hobby equipment.                                                                                                                                                                           |                  | <i>Mongoose mountain bike: 40; miscellaneous hobby items: 200; miscellaneous hobby equipment: 75; miscellaneous hobby books: 50<br/>Location: In debtor's possession</i>                                                                                                                                                                | J                                                 | \$ 365.00                                                                                                          |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.                                                                                                                   | X                |                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                    |
| 10. Annuities. Itemize and name each issuer.                                                                                                                                                                                               | X                |                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                    |
| 11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s), 11 U.S.C. 521(c).) | X                |                                                                                                                                                                                                                                                                                                                                         |                                                   |                                                                                                                    |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.                                                                                                                                            |                  | <i>401K (through Premier Bank)<br/>Location: In debtor's possession</i>                                                                                                                                                                                                                                                                 | W                                                 | \$ 7,172.14                                                                                                        |

B6B (Official Form 6B) (12/07)  
In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)Case No. \_\_\_\_\_  
(if known)**SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property                                                                                                                                                                                                                                                                            | N<br>o<br>n<br>e | Description and Location of Property                                   | Current Value<br>of Debtor's Interest,<br>in Property Without<br>Deducting any<br>Secured Claim or<br>Exemption |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------|
|                                                                                                                                                                                                                                                                                             |                  |                                                                        | Husband--H<br>Wife--W<br>Joint--J<br>Community--C                                                               |                     |
|                                                                                                                                                                                                                                                                                             |                  | <i>401K (through Capital One)<br/>Location: In debtor's possession</i> |                                                                                                                 | <i>\$ 5,671.00</i>  |
|                                                                                                                                                                                                                                                                                             |                  | <i>401K<br/>Location: In debtor's possession</i>                       | <i>H</i>                                                                                                        | <i>\$ 16,115.38</i> |
|                                                                                                                                                                                                                                                                                             |                  | <i>IRA<br/>Location: In debtor's possession</i>                        | <i>H</i>                                                                                                        | <i>\$ 4,500.00</i>  |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.                                                                                                                                                                                                             | X                |                                                                        |                                                                                                                 |                     |
| 14. Interests in partnerships or joint ventures. Itemize.                                                                                                                                                                                                                                   | X                |                                                                        |                                                                                                                 |                     |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.                                                                                                                                                                                                     | X                |                                                                        |                                                                                                                 |                     |
| 16. Accounts Receivable.                                                                                                                                                                                                                                                                    | X                |                                                                        |                                                                                                                 |                     |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.                                                                                                                                                                    | X                |                                                                        |                                                                                                                 |                     |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.                                                                                                                                                                                                          | X                |                                                                        |                                                                                                                 |                     |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.                                                                                                                       | X                |                                                                        |                                                                                                                 |                     |
| 20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.                                                                                                                                                                   | X                |                                                                        |                                                                                                                 |                     |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.                                                                                                                | X                |                                                                        |                                                                                                                 |                     |
| 22. Patents, copyrights, and other intellectual property. Give particulars.                                                                                                                                                                                                                 | X                |                                                                        |                                                                                                                 |                     |
| 23. Licenses, franchises, and other general intangibles. Give particulars.                                                                                                                                                                                                                  | X                |                                                                        |                                                                                                                 |                     |
| 24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                                                        |                                                                                                                 |                     |

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## **SCHEDULE B-PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property                                                      | N<br>o<br>n<br>e | Description and Location of Property                                                                      |            |              | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|-----------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------|------------|--------------|--------------------------------------------------------------------------------------------------|
|                                                                       |                  |                                                                                                           | Husband--H | Wife--W      |                                                                                                  |
|                                                                       |                  |                                                                                                           | Joint--J   | Community--C |                                                                                                  |
| 25. Automobiles, trucks, trailers and other vehicles and accessories. |                  | <i>1998 Ford Taurus SE: 133,000 miles<br/>Location: In debtor's possession</i>                            | <i>J</i>   |              | <i>\$ 2,000.00</i>                                                                               |
|                                                                       |                  | <i>2001 Ford Ranger Pickup Truck: 120,400 miles; rough condition<br/>Location: In debtor's possession</i> | <i>J</i>   |              | <i>\$ 2,500.00</i>                                                                               |
| 26. Boats, motors, and accessories.                                   | X                |                                                                                                           |            |              |                                                                                                  |
| 27. Aircraft and accessories.                                         | X                |                                                                                                           |            |              |                                                                                                  |
| 28. Office equipment, furnishings, and supplies.                      | X                |                                                                                                           |            |              |                                                                                                  |
| 29. Machinery, fixtures, equipment and supplies used in business.     | X                |                                                                                                           |            |              |                                                                                                  |
| 30. Inventory.                                                        | X                |                                                                                                           |            |              |                                                                                                  |
| 31. Animals.                                                          |                  | <i>3 dogs<br/>Location: In debtor's possession</i>                                                        | <i>J</i>   |              | <i>\$ 15.00</i>                                                                                  |
| 32. Crops - growing or harvested. Give particulars.                   | X                |                                                                                                           |            |              |                                                                                                  |
| 33. Farming equipment and implements.                                 | X                |                                                                                                           |            |              |                                                                                                  |
| 34. Farm supplies, chemicals, and feed.                               | X                |                                                                                                           |            |              |                                                                                                  |
| 35. Other personal property of any kind not already listed. Itemize.  | X                |                                                                                                           |            |              |                                                                                                  |

Page 4 of 4

**Total ➔** \$ 43,033.74

**(Report total also on Summary of Schedules.)**  
**Include amounts from any continuation sheets attached.**

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  Check if debtor claims a homestead exemption that exceeds \$146,450.\*

(Check one box)

11 U.S.C. § 522(b) (2)  
 11 U.S.C. § 522(b) (3)

| Description of Property              | Specify Law Providing each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemptions |
|--------------------------------------|--------------------------------------|----------------------------|--------------------------------------------------------|
| <i>Homestead</i>                     | <i>R. S. Mo. 513.475</i>             | \$ 15,000.00               | \$ 95,000.00                                           |
| <i>Checking Account</i>              | <i>R. S. Mo. 513.430(3)</i>          | \$ 34.22                   | \$ 34.22                                               |
| <i>Share Account</i>                 | <i>R. S. Mo. 513.430(3)</i>          | \$ 1.00                    | \$ 1.00                                                |
| <i>Household Goods</i>               | <i>R. S. Mo. 513.430(1)</i>          | \$ 3,525.00                | \$ 3,525.00                                            |
| <i>Household Goods</i>               | <i>R. S. Mo. 513.430(3)</i>          | \$ 300.00                  | \$ 300.00                                              |
| <i>Family Clothes</i>                | <i>R. S. Mo. 513.430(1)</i>          | \$ 400.00                  | \$ 400.00                                              |
| <i>Jewelry</i>                       | <i>R. S. Mo. 513.430(2)</i>          | \$ 135.00                  | \$ 135.00                                              |
| <i>Sports &amp; Hobby Equipment</i>  | <i>R. S. Mo. 513.430(1)</i>          | \$ 365.00                  | \$ 365.00                                              |
| <i>401K</i>                          | <i>R. S. Mo. 513.430(10)(f)</i>      | \$ 16,115.38               | \$ 16,115.38                                           |
| <i>401K</i>                          | <i>R. S. Mo. 513.430(10)(f)</i>      | \$ 5,671.00                | \$ 5,671.00                                            |
| <i>401K</i>                          | <i>R. S. Mo. 513.430(10)(f)</i>      | \$ 7,172.14                | \$ 7,172.14                                            |
| <i>IRA</i>                           | <i>R. S. Mo. 513.430(10)(f)</i>      | \$ 4,500.00                | \$ 4,500.00                                            |
| <i>1998 Ford Taurus SE</i>           | <i>R. S. Mo. 513.430(5)</i>          | \$ 2,000.00                | \$ 2,000.00                                            |
| <i>2001 Ford Ranger Pickup Truck</i> | <i>R. S. Mo. 513.430(5)</i>          | \$ 1,100.00                | \$ 2,500.00                                            |
| <i>Animals</i>                       | <i>R. S. Mo. 513.430(1)</i>          | \$ 15.00                   | \$ 15.00                                               |

Page No. 1 of 1

B6D (Official Form 6D) (12/07)

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| Creditor's Name and<br>Mailing Address<br>Including ZIP Code and<br>Account Number<br>(See Instructions Above.)    | Co-Debtor | Date Claim was Incurred, Nature<br>of Lien, and Description and Market<br>Value of Property Subject to Lien                     | Contingent | Unliquidated | Disputed | Amount of Claim<br>Without<br>Deducting Value<br>of Collateral | Unsecured<br>Portion, If Any |
|--------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|----------------------------------------------------------------|------------------------------|
|                                                                                                                    |           |                                                                                                                                 | H-Husband  | W-Wife       | J-Joint  | C-Community                                                    |                              |
| Account No: <b>7786</b>                                                                                            |           | J 11/01<br><i>Second Mortgage</i><br><i>Homestead</i><br><br>Value: <b>\$ 95,000.00</b>                                         |            |              |          | <b>\$ 16,325.82</b>                                            | <b>\$ 0.00</b>               |
| <i>Creditor # : 1</i><br><i>Community America Credit Union</i><br><i>POB 15950</i><br><i>Lenexa KS 66285-5950</i>  |           |                                                                                                                                 |            |              |          |                                                                |                              |
| Account No: <b>7786</b>                                                                                            |           | <i>Community America Credit Union</i><br><i>9777 Ridge Drive</i><br><i>Lenexa KS 66219</i><br><br>Value:                        |            |              |          |                                                                |                              |
| <i>Representing:</i><br><i>Community America Credit Union</i>                                                      |           |                                                                                                                                 |            |              |          |                                                                |                              |
| Account No: <b>6775</b>                                                                                            |           | J 01/03<br><i>Deed of Trust</i><br><i>106 N.W. 67th Street,</i><br><i>Gladstone, MO 64118</i><br><br>Value: <b>\$ 95,000.00</b> |            |              |          | <b>\$ 64,620.01</b>                                            | <b>\$ 0.00</b>               |
| <i>Creditor # : 2</i><br><i>Community America Credit Union</i><br><i>POB 809002</i><br><i>Kansas City MO 64180</i> |           |                                                                                                                                 |            |              |          |                                                                |                              |

2 continuation sheets attached

|                                            |                     |                |
|--------------------------------------------|---------------------|----------------|
| <b>Subtotal \$</b><br>(Total of this page) | <b>\$ 80,945.83</b> | <b>\$ 0.00</b> |
| <b>Total \$</b><br>(Use only on last page) |                     |                |

(Report also on Summary of  
Schedules.)

(If applicable, report also on  
Statistical Summary of  
Certain Liabilities and  
Related Data)

B6D (Official Form 6D) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| Creditor's Name and<br>Mailing Address<br>Including ZIP Code and<br>Account Number<br>(See Instructions Above.) | Co-Debtor | Date Claim was Incurred, Nature<br>of Lien, and Description and Market<br>Value of Property Subject to Lien | Contingent | Unliquidated | Disputed | Amount of Claim<br>Without<br>Deducting Value<br>of Collateral | Unsecured<br>Portion, If Any |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|------------|--------------|----------|----------------------------------------------------------------|------------------------------|
|                                                                                                                 |           |                                                                                                             | H--Husband | W--Wife      | J--Joint | C--Community                                                   |                              |
| Account No: <b>6775</b>                                                                                         |           | Community America Credit Union<br>POB 14908<br>Lenexa KS 66285-4908                                         |            |              |          |                                                                |                              |
| Representing:<br>Community America Credit Union                                                                 |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No: <b>6775</b>                                                                                         |           | Community America Credit Union<br>9777 Ridge Drive<br>Lenexa KS 66219                                       |            |              |          |                                                                |                              |
| Representing:<br>Community America Credit Union                                                                 |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No: <b>9182</b>                                                                                         | W         | 11/07<br>Purchase Money Security<br>Household Goods                                                         |            |              |          | \$ 2,185.32                                                    | \$ 1,885.32                  |
| Creditor # : 3<br>HSBC Retail Services<br>POB 5238<br>Carol Stream IL 60197-5238                                |           | Value: \$ 300.00                                                                                            |            |              |          |                                                                |                              |
| Account No: <b>9182</b>                                                                                         |           | HSBC - Best Buy<br>POB 15521<br>Wilmington DE 19805                                                         |            |              |          |                                                                |                              |
| Representing:<br>HSBC Retail Services                                                                           |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No: <b>9182</b>                                                                                         |           | HSBC Card Services<br>POB 5244<br>Carol Stream IL 60197-5244                                                |            |              |          |                                                                |                              |
| Representing:<br>HSBC Retail Services                                                                           |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No: <b>9182</b>                                                                                         |           | HSBC Retail Services<br>POB 4144<br>Carol Stream IL 60197-4144                                              |            |              |          |                                                                |                              |
| Representing:<br>HSBC Retail Services                                                                           |           | Value:                                                                                                      |            |              |          |                                                                |                              |

Sheet no. 1 of 2 continuation sheets attached to Schedule of Creditors  
 Holding Secured Claims

|                                     |             |             |
|-------------------------------------|-------------|-------------|
| Subtotal \$<br>(Total of this page) | \$ 2,185.32 | \$ 1,885.32 |
| Total \$<br>(Use only on last page) |             |             |

(Report also on Summary of  
 Schedules.) (If applicable, report also on  
 Statistical Summary of  
 Certain Liabilities and  
 Related Data)

B6D (Official Form 6D) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| Creditor's Name and<br>Mailing Address<br>Including ZIP Code and<br>Account Number<br>(See Instructions Above.) | Co-Debtor | Date Claim was Incurred, Nature<br>of Lien, and Description and Market<br>Value of Property Subject to Lien | Contingent | Unliquidated | Disputed | Amount of Claim<br>Without<br>Deducting Value<br>of Collateral | Unsecured<br>Portion, If Any |
|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------------------------|------------|--------------|----------|----------------------------------------------------------------|------------------------------|
|                                                                                                                 |           |                                                                                                             | H--Husband | W--Wife      | J--Joint | C--Community                                                   |                              |
| Account No: <b>9182</b>                                                                                         |           | <b>Asset Management<br/>POB 2824<br/>Woodstock GA 30188-1386</b>                                            |            |              |          |                                                                |                              |
| <b>Representing:</b><br><i>HSBC Retail Services</i>                                                             |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No: <b>9182</b>                                                                                         |           | <b>Asset Management<br/>665 Molly Lane<br/>Suite 110<br/>Woodstock GA 30189</b>                             |            |              |          |                                                                |                              |
| <b>Representing:</b><br><i>HSBC Retail Services</i>                                                             |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No:                                                                                                     | <b>J</b>  | <b>03/11<br/>Purchase Money Security<br/>2001 Ford Ranger Pickup Truck</b>                                  |            |              |          | <b>\$ 1,400.00</b>                                             | <b>\$ 0.00</b>               |
| <b>Creditor # : 4<br/>William &amp; Ellen Drew<br/>300 Shannon Avenue<br/>Smithville MO 64089</b>               |           | Value: <b>\$ 2,500.00</b>                                                                                   |            |              |          |                                                                |                              |
| Account No:                                                                                                     |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No:                                                                                                     |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No:                                                                                                     |           | Value:                                                                                                      |            |              |          |                                                                |                              |
| Account No:                                                                                                     |           | Value:                                                                                                      |            |              |          |                                                                |                              |

Sheet no. 2 of 2 continuation sheets attached to Schedule of Creditors  
 Holding Secured Claims

|                                            |                     |                    |
|--------------------------------------------|---------------------|--------------------|
| <b>Subtotal \$</b><br>(Total of this page) | <b>\$ 1,400.00</b>  | <b>\$ 0.00</b>     |
| <b>Total \$</b><br>(Use only on last page) | <b>\$ 84,531.15</b> | <b>\$ 1,885.32</b> |

(Report also on Summary of  
 Schedules.)  
 (If applicable, report also on  
 Statistical Summary of  
 Certain Liabilities and  
 Related Data)

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_

(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### Deposits by individuals

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**No continuation sheets attached**

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| Creditor's Name, Mailing Address<br><br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br><br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed    | Amount of Claim |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|------------|--------------|-------------|-----------------|
|                                                                                                                |           |                                                                                                          | H--Husband | W--Wife      | J--Joint    | C--Community    |
| Account No: 0490                                                                                               |           |                                                                                                          |            |              |             | \$ 69.00        |
| <i>Creditor # : 1<br/>Alliance Radiology<br/>POB 804451<br/>Kansas City MO 64180</i>                           |           | <i>W 04/08<br/>Medical Bills</i>                                                                         |            |              |             |                 |
| Account No: 0490                                                                                               |           | <i>Optima Recovery<br/>POB 52968<br/>Knoxville TN 37590-2968</i>                                         |            |              |             |                 |
| Account No: 0490                                                                                               |           | <i>Alliance Radiology<br/>POB 809012<br/>Kansas City MO 64180-9012</i>                                   |            |              |             |                 |
| Account No: 1003                                                                                               |           | <i>W 06/99<br/>Purchase of goods</i>                                                                     |            |              |             | \$ 12,491.43    |
| <i>Creditor # : 2<br/>American Express<br/>POB 650448<br/>Dallas TX 75265-0448</i>                             |           |                                                                                                          |            |              |             |                 |
| <u>11</u> continuation sheets attached                                                                         |           |                                                                                                          |            |              | Subtotal \$ | \$ 12,560.43    |
|                                                                                                                |           |                                                                                                          |            |              | Total \$    |                 |
|                                                                                                                |           |                                                                                                          |            |              |             |                 |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                      |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: <b>1003</b>                                                                                    |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><b>American Express</b>                                                            |           | <i>American Express<br/>POB 26312<br/>Lehigh Valley PA 18002-6312</i>                                |            |              |          |                                                   |
| Account No: <b>1003</b>                                                                                    |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><b>American Express</b>                                                            |           | <i>American Express<br/>POB 6618<br/>Omaha NE 68105-0618</i>                                         |            |              |          |                                                   |
| Account No: <b>1003</b>                                                                                    |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><b>American Express</b>                                                            |           | <i>American Express<br/>POB 297879<br/>Fort Lauderdale FL 33329-7879</i>                             |            |              |          |                                                   |
| Account No: <b>1003</b>                                                                                    |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><b>American Express</b>                                                            |           | <i>Zwicker &amp; Associates PC<br/>80 Minuteman Road<br/>Andover MA 01810-1031</i>                   |            |              |          |                                                   |
| Account No: <b>1003</b>                                                                                    |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><b>American Express</b>                                                            |           | <i>Litow Law Office P.C.<br/>1162A E. Gannon Drive<br/>Festus MO 63028</i>                           |            |              |          |                                                   |
| Account No: <b>1003</b>                                                                                    |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><b>American Express</b>                                                            |           | <i>Palmer Law Office<br/>2301 Burlington<br/>Suite 270<br/>Kansas City MO 64116</i>                  |            |              |          |                                                   |

Sheet No. 0 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** **\$ 12,560.43**

**Total \$**

(Use only on last page of the completed Schedule F. Report also on Summary of  
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.)        | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State.     | Contingent | Unliquidated | Disputed | Amount of Claim |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------|
|                                                                                                                   |           |                                                                                                          |            |              |          |                 |
| Account No: <b>1004</b><br><br><i>Creditor # : 3<br/>American Express<br/>POB 650448<br/>Dallas TX 75265-0448</i> | W         | 08/06<br><i>Purchase of goods</i>                                                                        |            |              |          | \$ 29,519.19    |
| Account No: <b>1004</b><br><br><i>Representing:<br/>American Express</i>                                          |           | <i>Customer Service<br/>POB 981535<br/>El Paso TX 79998-1535</i>                                         |            |              |          |                 |
| Account No: <b>1004</b><br><br><i>Representing:<br/>American Express</i>                                          |           | <i>American Express<br/>POB 297879<br/>Fort Lauderdale FL 33329-7879</i>                                 |            |              |          |                 |
| Account No: <b>1004</b><br><br><i>Representing:<br/>American Express</i>                                          |           | <i>Zwicker &amp; Associates PC<br/>80 Minuteman Road<br/>Andover MA 01810-1031</i>                       |            |              |          |                 |
| Account No: <b>1004</b><br><br><i>Representing:<br/>American Express</i>                                          |           | <i>Palmer Law Office<br/>2301 Burlington<br/>Suite 270<br/>N. Kansas City MO 64116</i>                   |            |              |          |                 |
| Account No: <b>1004</b><br><br><i>Representing:<br/>American Express</i>                                          |           | <i>American Recovery Services Inc<br/>555 St. Charles Drive<br/>Suite 100<br/>Thousand Oaks CA 91360</i> |            |              |          |                 |

Sheet No. 2 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

|             |              |
|-------------|--------------|
| Subtotal \$ | \$ 29,519.19 |
| Total \$    |              |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.)                    | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent         | Unliquidated | Disputed | Amount of Claim                                   |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|--------------------|--------------|----------|---------------------------------------------------|
|                                                                                                                               |           |                                                                                                      |                    |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: <b>1004</b>                                                                                                       |           | <i>Martin Pringle Oliver Wallace<br/>4700 Bellevue<br/>Suite 210<br/>Kansas City MO 64112</i>        |                    |              |          |                                                   |
| Representing:<br><i>American Express</i>                                                                                      |           |                                                                                                      |                    |              |          |                                                   |
| Account No: <b>1004</b>                                                                                                       |           | <i>Martin Pringle Oliver Wallace<br/>100 N. Broadway<br/>Suite 500<br/>Wichita KS 67202</i>          |                    |              |          |                                                   |
| Representing:<br><i>American Express</i>                                                                                      |           |                                                                                                      |                    |              |          |                                                   |
| Account No: <b>1707</b>                                                                                                       | J         | <i>12/02<br/>Purchase of goods</i>                                                                   |                    |              |          | <b>\$ 4,279.80</b>                                |
| Creditor # : 4<br>Capital One<br>Bankruptcy Notice Department<br>POB 85167<br>Richmond VA 23285-5167                          |           |                                                                                                      |                    |              |          |                                                   |
| Account No: <b>1707</b>                                                                                                       |           | <i>Capital One<br/>POB 30285<br/>Salt Lake City UT 84130-0285</i>                                    |                    |              |          |                                                   |
| Representing:<br><i>Capital One</i>                                                                                           |           |                                                                                                      |                    |              |          |                                                   |
| Account No: <b>1707</b>                                                                                                       |           | <i>Capital One<br/>POB 60599<br/>City of Industry CA 91716-0599</i>                                  |                    |              |          |                                                   |
| Representing:<br><i>Capital One</i>                                                                                           |           |                                                                                                      |                    |              |          |                                                   |
| Account No: <b>1707</b>                                                                                                       |           | <i>Capital One<br/>POB 60024<br/>City of Industry CA 91716-0024</i>                                  |                    |              |          |                                                   |
| Representing:<br><i>Capital One</i>                                                                                           |           |                                                                                                      |                    |              |          |                                                   |
| Sheet No. <b>3</b> of <b>11</b> continuation sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |           |                                                                                                      | <b>Subtotal \$</b> |              |          | <b>\$ 4,279.80</b>                                |
|                                                                                                                               |           |                                                                                                      | <b>Total \$</b>    |              |          |                                                   |
|                                                                                                                               |           |                                                                                                      |                    |              |          |                                                   |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.)                    | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                               |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| Account No: <b>1403</b><br><br><i>Creditor # : 5<br/>Chase Bank<br/>POB 94014<br/>Palatine IL 60094-4014</i>                  | W         | 01/08<br><i>Purchase of goods</i>                                                                    |            |              |          | \$ 9,209.06                                                                                                                                                                  |
| Account No: <b>1403</b><br><br><i>Representing:<br/>Chase Bank</i>                                                            |           | <i>Cardmember Services<br/>POB 15548<br/>Wilmington DE 19886-5548</i>                                |            |              |          |                                                                                                                                                                              |
| Account No: <b>1403</b><br><br><i>Representing:<br/>Chase Bank</i>                                                            |           | <i>Midland Credit Management<br/>8875 Aero Drive<br/>Suite 2<br/>San Diego CA 92123</i>              |            |              |          |                                                                                                                                                                              |
| Account No: <b>1403</b><br><br><i>Representing:<br/>Chase Bank</i>                                                            |           | <i>Midland Credit Management<br/>POB 60578<br/>Los Angeles CA 90060-0578</i>                         |            |              |          |                                                                                                                                                                              |
| Account No: <b>1403</b><br><br><i>Representing:<br/>Chase Bank</i>                                                            |           | <i>Capital Management Services<br/>726 Exchange Street<br/>Suite 700<br/>Buffalo NY 14210</i>        |            |              |          |                                                                                                                                                                              |
| Account No: <b>1403</b><br><br><i>Representing:<br/>Chase Bank</i>                                                            |           | <i>Midland Funding LLC<br/>POB 939019<br/>San Diego CA 92193-9019</i>                                |            |              |          |                                                                                                                                                                              |
| Sheet No. <u>4</u> of <u>11</u> continuation sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |           |                                                                                                      |            |              |          | <b>Subtotal \$</b> <u>\$ 13,488.86</u>                                                                                                                                       |
|                                                                                                                               |           |                                                                                                      |            |              |          | <b>Total \$</b> <u></u>                                                                                                                                                      |
|                                                                                                                               |           |                                                                                                      |            |              |          | (Use only on last page of the completed Schedule F. Report also on Summary of<br>Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related |

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State.                 | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                                      |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: <b>1403</b>                                                                                    |           |                                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><i>Chase Bank</i>                                                                  |           | <i>Kramer &amp; Frank PC<br/>Elizabeth C. Ashton<br/>1125 Grand Boulevard #600<br/>Kansas City MO 64106-2501</i>     |            |              |          |                                                   |
| Account No: <b>3571</b>                                                                                    | W         | <i>03/11<br/>Court costs<br/>On Midland Funding LLC v. Nancy<br/>Chambers, case No. 11CY-CV03571</i>                 |            |              |          | <b>\$ 150.00</b>                                  |
| <i>Creditor # : 6<br/>Clay County Circuit Clerk<br/>11 S. Water Street<br/>Liberty MO 64068</i>            |           |                                                                                                                      |            |              |          |                                                   |
| Account No: <b>6727</b>                                                                                    | W         | <i>06/09<br/>Court costs<br/>On American Express Centurian Bank<br/>v. Nancy Chambers, Case No.<br/>09CY-CV06727</i> |            |              |          | <b>\$ 150.00</b>                                  |
| <i>Creditor # : 7<br/>Clay County Circuit Clerk<br/>11 S. Water Street<br/>Liberty MO 64068</i>            |           |                                                                                                                      |            |              |          |                                                   |
| Account No: <b>5152</b>                                                                                    | W         | <i>11/01<br/>Purchase of goods</i>                                                                                   |            |              |          | <b>\$ 15,149.17</b>                               |
| <i>Creditor # : 8<br/>Community America Credit Union<br/>POB 15950<br/>Lenexa KS 66285-5950</i>            |           |                                                                                                                      |            |              |          |                                                   |
| Account No: <b>5152</b>                                                                                    |           |                                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><i>Community America Credit Union</i>                                              |           | <i>Community America Credit Union<br/>9777 Ridge Drive<br/>Lenexa KS 66219</i>                                       |            |              |          |                                                   |
| Account No: <b>5152</b>                                                                                    |           |                                                                                                                      |            |              |          |                                                   |
| <i>Representing:</i><br><i>Community America Credit Union</i>                                              |           | <i>FIS Remittance Center<br/>POB 4515<br/>Carol Stream IL 60197-4515</i>                                             |            |              |          |                                                   |

Sheet No. 5 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

|                    |                     |
|--------------------|---------------------|
| <b>Subtotal \$</b> | <b>\$ 15,449.17</b> |
| <b>Total \$</b>    |                     |
|                    |                     |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.)                  | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State.       | Contingent | Unliquidated | Amount of Claim |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|------------|--------------|-----------------|
|                                                                                                                             |           |                                                                                                            |            |              |                 |
| Account No: 7352                                                                                                            |           |                                                                                                            |            |              | \$ 2,272.71     |
| <i>Creditor # : 9<br/>Dell Financial Services<br/>Payment Processing Center<br/>POB 6403<br/>Carol Stream IL 60197-6403</i> |           | <i>W 05/07<br/>Purchase of goods<br/>Computer damaged and discarded</i>                                    |            |              |                 |
| Account No: 7352                                                                                                            |           |                                                                                                            |            |              |                 |
| <i>Representing:<br/>Dell Financial Services</i>                                                                            |           | <i>Dell Financial Services<br/>c/o DFS Customer Care Dept<br/>POB 81577<br/>Austin TX 78708-1577</i>       |            |              |                 |
| Account No: 7352                                                                                                            |           |                                                                                                            |            |              |                 |
| <i>Representing:<br/>Dell Financial Services</i>                                                                            |           | <i>Financial Recovery Services<br/>POB 385908<br/>Minneapolis MN 55438-5908</i>                            |            |              |                 |
| Account No: 3571                                                                                                            |           |                                                                                                            |            |              | \$ 100.00       |
| <i>Creditor # : 10<br/>Gamache &amp; Myers PC<br/>1000 Camera Avenue<br/>Suite A<br/>Saint Louis MO 63126</i>               |           | <i>W 03/11<br/>Attorney's fees<br/>On Midland Funding LLC v. Nancy<br/>Chambers, Case No. 11CY-CV03571</i> |            |              |                 |
| Account No: 7152                                                                                                            |           |                                                                                                            |            |              | \$ 576.52       |
| <i>Creditor # : 11<br/>Midland Funding LLC<br/>8875 Aero Drive<br/>Suite 200<br/>San Diego CA 92123</i>                     |           | <i>W 06/10<br/>Purchase of goods</i>                                                                       |            |              |                 |
| Account No: 7152                                                                                                            |           |                                                                                                            |            |              |                 |
| <i>Representing:<br/>Midland Funding LLC</i>                                                                                |           | <i>Midland Credit Management Inc<br/>Dept 12421<br/>POB 603<br/>Oaks PA 19456</i>                          |            |              |                 |

Sheet No. 6 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

|                    |                    |
|--------------------|--------------------|
| <b>Subtotal \$</b> | <b>\$ 2,949.23</b> |
| <b>Total \$</b>    |                    |
|                    |                    |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.)                    | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                               |           |                                                                                                      |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community                                                                                                                            |
| Account No: <b>7152</b>                                                                                                       |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| <i>Representing:</i><br><b>Midland Funding LLC</b>                                                                            |           | <i>Gamache &amp; Myers P.C.<br/>1000 Camera Avenue<br/>Suite A<br/>Crestwood MO 63126</i>            |            |              |          |                                                                                                                                                                              |
| Account No: <b>7974</b>                                                                                                       | W         | <i>09/97<br/>Student Loan</i>                                                                        |            |              |          | <b>\$ 14,594.98</b>                                                                                                                                                          |
| <i>Creditor # : 12<br/>MO Dept of Higher Education<br/>POB 495926<br/>Cincinnati OH 45249-5926</i>                            |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| Account No: <b>7974</b>                                                                                                       |           | <i>MO Dept of Higher Education<br/>Attn: Tax Offset Unit<br/>POB 55755<br/>Boston MA 02205</i>       |            |              |          |                                                                                                                                                                              |
| <i>Representing:</i><br><b>MO Dept of Higher Education</b>                                                                    |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| Account No: <b>7974</b>                                                                                                       |           | <i>General Revenue Corp<br/>Wage Withholding Unit<br/>POB 495926<br/>Cincinnati OH 45249-5926</i>    |            |              |          |                                                                                                                                                                              |
| <i>Representing:</i><br><b>MO Dept of Higher Education</b>                                                                    |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| Account No: <b>7974</b>                                                                                                       |           | <i>General Revenue Corp<br/>POB 495901<br/>Cincinnati OH 45249-5901</i>                              |            |              |          |                                                                                                                                                                              |
| <i>Representing:</i><br><b>MO Dept of Higher Education</b>                                                                    |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| Account No: <b>7974</b>                                                                                                       |           | <i>General Revenue Corp<br/>325 Daniel Zenker Road<br/>Horseheads NY 14845</i>                       |            |              |          |                                                                                                                                                                              |
| <i>Representing:</i><br><b>MO Dept of Higher Education</b>                                                                    |           |                                                                                                      |            |              |          |                                                                                                                                                                              |
| Sheet No. <u>7</u> of <u>11</u> continuation sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |           |                                                                                                      |            |              |          | <b>Subtotal \$</b> <u><b>\$ 14,594.98</b></u>                                                                                                                                |
|                                                                                                                               |           |                                                                                                      |            |              |          | <b>Total \$</b> <u></u>                                                                                                                                                      |
|                                                                                                                               |           |                                                                                                      |            |              |          | (Use only on last page of the completed Schedule F. Report also on Summary of<br>Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related |

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                      |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No:                                                                                                |           |                                                                                                      |            |              |          | \$ 373.21                                         |
| <i>Creditor # : 13<br/>North Kansas City Hospital<br/>POB 504792<br/>Saint Louis MO 63150-4792</i>         | W         | <i>09/30/11<br/>Medical Bills</i>                                                                    |            |              |          |                                                   |
| Account No:                                                                                                |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:<br/>North Kansas City Hospital</i>                                                        |           | <i>North Kansas City Hospital<br/>2800 Clay Edwards Drive<br/>N. Kansas City MO 64116-3281</i>       |            |              |          |                                                   |
| Account No: 9834                                                                                           |           |                                                                                                      |            |              |          | \$ 145.93                                         |
| <i>Creditor # : 14<br/>North Kansas City Hospital<br/>POB 504792<br/>Saint Louis MO 63150-4792</i>         | W         | <i>05/11<br/>Medical Bills</i>                                                                       |            |              |          |                                                   |
| Account No: 9834                                                                                           |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:<br/>North Kansas City Hospital</i>                                                        |           | <i>North Kansas City Hospital<br/>2800 Clay Edwards Drive<br/>N. Kansas City MO 64116-3281</i>       |            |              |          |                                                   |
| Account No: 9862                                                                                           |           |                                                                                                      |            |              |          | \$ 1,151.58                                       |
| <i>Creditor # : 15<br/>North Kansas City Hospital<br/>POB 504792<br/>Saint Louis MO 63150-4792</i>         | W         | <i>04/11<br/>Medical Bills</i>                                                                       |            |              |          |                                                   |
| Account No: 9862                                                                                           |           |                                                                                                      |            |              |          |                                                   |
| <i>Representing:<br/>North Kansas City Hospital</i>                                                        |           | <i>North Kansas City Hospital<br/>2800 Clay Edwards Drive<br/>N. Kansas City MO 64116-3281</i>       |            |              |          |                                                   |

Sheet No. 8 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

|             |             |
|-------------|-------------|
| Subtotal \$ | \$ 1,670.72 |
| Total \$    |             |

(Use only on last page of the completed Schedule F. Report also on Summary of  
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State.                     | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                                          |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: <b>9862</b>                                                                                    |           |                                                                                                                          |            |              |          |                                                   |
| <i>Representing:</i><br><b>North Kansas City Hospital</b>                                                  |           | <i>Credit World Services<br/>6000 Martway Street<br/>Shawnee Mission KS 66202-3339</i>                                   |            |              |          |                                                   |
| Account No: <b>6727</b>                                                                                    | W         | <i>06/09<br/>Attorney's fees<br/>On American Express Centurian Bank<br/>v. Nancy Chambers, Case No.<br/>09CY-CV06727</i> |            |              |          | <b>\$ 2,500.00</b>                                |
| <i>Creditor # : 16<br/>Palmer Law Office<br/>2301 Burlington<br/>Suite 270<br/>N. Kansas City MO 64116</i> |           |                                                                                                                          |            |              |          |                                                   |
| Account No: <b>3328</b>                                                                                    | J         | <i>01/96<br/>Purchase of goods</i>                                                                                       |            |              |          | <b>\$ 15,618.25</b>                               |
| <i>Representing:<br/>RBS Card Services<br/>POB 42010<br/>Providence RI 02940-2010</i>                      |           |                                                                                                                          |            |              |          |                                                   |
| Account No: <b>3328</b>                                                                                    |           | <i>People's United Bank<br/>POB 7092<br/>Bridgeport CT 06601-7092</i>                                                    |            |              |          |                                                   |
| <i>Representing:<br/>RBS Card Services</i>                                                                 |           |                                                                                                                          |            |              |          |                                                   |
| Account No: <b>3328</b>                                                                                    |           | <i>People's United Bank<br/>POB 18204<br/>Bridgeport CT 06601-3402</i>                                                   |            |              |          |                                                   |
| <i>Representing:<br/>RBS Card Services</i>                                                                 |           |                                                                                                                          |            |              |          |                                                   |
| Account No: <b>3328</b>                                                                                    |           | <i>Richard J. Boudreaux &amp; Assoc.s<br/>5 Industrial Way<br/>Salem NH 03079</i>                                        |            |              |          |                                                   |
| <i>Representing:<br/>RBS Card Services</i>                                                                 |           |                                                                                                                          |            |              |          |                                                   |

Sheet No. 9 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** **\$ 18,118.25**

**Total \$**

(Use only on last page of the completed Schedule F. Report also on Summary of  
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.) | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State.   | Contingent | Unliquidated | Disputed | Amount of Claim                                   |
|------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------|------------|--------------|----------|---------------------------------------------------|
|                                                                                                            |           |                                                                                                        |            |              |          | H--Husband<br>W--Wife<br>J--Joint<br>C--Community |
| Account No: <b>3328</b>                                                                                    |           | <i>Mercantile Adjustment Bureau<br/>POB 9016<br/>Williamsville NY 14231-9016</i>                       |            |              |          |                                                   |
| Representing:<br><i>RBS Card Services</i>                                                                  |           |                                                                                                        |            |              |          |                                                   |
| Account No: <b>3328</b>                                                                                    |           | <i>Mercantile Adjustment Bureau<br/>6341 Inducon Drive East<br/>Sanborn NY 14132-9097</i>              |            |              |          |                                                   |
| Representing:<br><i>RBS Card Services</i>                                                                  |           |                                                                                                        |            |              |          |                                                   |
| Account No: <b>0719</b>                                                                                    | W         | <i>09/07<br/>Medical Bills</i>                                                                         |            |              |          | <b>\$ 1,075.11</b>                                |
| Creditor # : 18<br><i>St. Luke's Northland Hospital<br/>5830 N.W. Barry Road<br/>Kansas City MO 64154</i>  |           |                                                                                                        |            |              |          |                                                   |
| Account No: <b>0719</b>                                                                                    |           | <i>St. Luke's Health System<br/>POB 803998<br/>Kansas City MO 64180-3998</i>                           |            |              |          |                                                   |
| Representing:<br><i>St. Luke's Northland Hospital</i>                                                      |           |                                                                                                        |            |              |          |                                                   |
| Account No: <b>0719</b>                                                                                    |           | <i>Venture Financial Services Inc<br/>9500 East 63rd Street<br/>Suite 202<br/>Kansas City MO 64133</i> |            |              |          |                                                   |
| Representing:<br><i>St. Luke's Northland Hospital</i>                                                      |           |                                                                                                        |            |              |          |                                                   |
| Account No: <b>0719</b>                                                                                    |           | <i>Venture Financial Services Inc<br/>POB 16568<br/>Raytown MO 64133-0568</i>                          |            |              |          |                                                   |
| Representing:<br><i>St. Luke's Northland Hospital</i>                                                      |           |                                                                                                        |            |              |          |                                                   |

Sheet No. 10 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** **\$ 1,075.11**

**Total \$**

(Use only on last page of the completed Schedule F. Report also on Summary of  
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address<br>including Zip Code,<br>And Account Number<br>(See instructions above.)                          | Co-Debtor | Date Claim was Incurred,<br>and Consideration for Claim.<br>If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|------------|--------------|----------|-----------------|
|                                                                                                                                     |           |                                                                                                      |            |              |          |                 |
| Account No: <b>8349</b><br><br><i>Creditor # : 19<br/>Target National Bank<br/>POB 59317<br/>Minneapolis MN 55459-0317</i>          | W         | 12/01<br><i>Purchase of goods</i>                                                                    |            |              |          | \$ 6,497.57     |
| Account No: <b>8349</b><br><br><i>Representing:<br/>Target National Bank</i>                                                        |           | <i>Financial Recovery Services<br/>POB 385908<br/>Minneapolis MN 55438-5908</i>                      |            |              |          |                 |
| Account No: <b>5612</b><br><br><i>Creditor # : 20<br/>WFNNB<br/>Bankruptcy Department<br/>POB 182125<br/>Columbus OH 43218-2125</i> | W         | 08/03<br><i>Purchase of goods</i>                                                                    |            |              |          | \$ 447.12       |
| Account No: <b>5612</b><br><br><i>Representing:<br/>WFNNB</i>                                                                       |           | <i>WFNNB<br/>POB 659728<br/>San Antonio TX 78265-9728</i>                                            |            |              |          |                 |
| Account No: <b>5612</b><br><br><i>Representing:<br/>WFNNB</i>                                                                       |           | <i>WFNNB<br/>POB 182124<br/>Columbus OH 43218-2124</i>                                               |            |              |          |                 |
| Account No:                                                                                                                         |           |                                                                                                      |            |              |          |                 |

Sheet No. 11 of 11 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

|             |                      |
|-------------|----------------------|
| Subtotal \$ | \$ 6,944.69          |
| Total \$    | <b>\$ 116,370.63</b> |

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Donald Keith Johnson and Nancy Elizabeth Chambers / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no executory contracts or unexpired leases.

| Name and Mailing Address,<br>Including Zip Code, of<br>Other Parties to Lease<br>or Contract. | Description of Contract or Lease and<br>Nature of Debtor's Interest.<br>State whether Lease is for Nonresidential Real Property.<br>State Contract Number of any Government Contract. |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                               |                                                                                                                                                                                       |

In re Donald Keith Johnson and Nancy Elizabeth Chambers / Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if the debtor has no codebtors.

| Name and Address of Codebtor | Name and Address of Creditor |
|------------------------------|------------------------------|
|                              |                              |

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:<br><b>Married</b>                                                                                                 | DEPENDENTS OF DEBTOR AND SPOUSE                         |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------|
|                                                                                                                                            | RELATIONSHIP(S):<br><b>Sister of Wife</b>               | AGE(S):<br><b>49</b>                                                         |
| EMPLOYMENT:                                                                                                                                | DEBTOR                                                  | SPOUSE                                                                       |
| Occupation                                                                                                                                 | <b>Dairy Department Manager</b>                         | <b>Division Order Analyst</b>                                                |
| Name of Employer                                                                                                                           | <b>New Mark Sunfresh</b>                                | <b>CVR Energy Inc.</b>                                                       |
| How Long Employed                                                                                                                          | <b>12 years</b>                                         | <b>3 1/2 years</b>                                                           |
| Address of Employer                                                                                                                        | <b>10225 N. Oak Trafficway<br/>Kansas City MO 64118</b> | <b>10 East Cambridge Circle Drive<br/>Suite 250<br/>Kansas City KS 66103</b> |
| INCOME: (Estimate of average or projected monthly income at time case filed)                                                               |                                                         |                                                                              |
| 1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)                                                              | \$ <b>2,363.92</b>                                      | \$ <b>4,421.28</b>                                                           |
| 2. Estimate monthly overtime                                                                                                               | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 3. SUBTOTAL                                                                                                                                | \$ <b>2,363.92</b>                                      | \$ <b>4,421.28</b>                                                           |
| 4. LESS PAYROLL DEDUCTIONS                                                                                                                 |                                                         |                                                                              |
| a. Payroll taxes and social security                                                                                                       | \$ <b>355.05</b>                                        | \$ <b>824.91</b>                                                             |
| b. Insurance                                                                                                                               | \$ <b>162.63</b>                                        | \$ <b>574.95</b>                                                             |
| c. Union dues                                                                                                                              | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| d. Other (Specify): <b>401K</b>                                                                                                            | \$ <b>94.55</b>                                         | \$ <b>0.00</b>                                                               |
| 5. SUBTOTAL OF PAYROLL DEDUCTIONS                                                                                                          | \$ <b>612.23</b>                                        | \$ <b>1,399.86</b>                                                           |
| 6. TOTAL NET MONTHLY TAKE HOME PAY                                                                                                         | \$ <b>1,751.69</b>                                      | \$ <b>3,021.42</b>                                                           |
| 7. Regular income from operation of business or profession or farm (attach detailed statement)                                             | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 8. Income from real property                                                                                                               | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 9. Interest and dividends                                                                                                                  | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.                | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 11. Social security or government assistance<br>(Specify):                                                                                 | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 12. Pension or retirement income                                                                                                           | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 13. Other monthly income<br>(Specify):                                                                                                     | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 14. SUBTOTAL OF LINES 7 THROUGH 13                                                                                                         | \$ <b>0.00</b>                                          | \$ <b>0.00</b>                                                               |
| 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)                                                                           | \$ <b>1,751.69</b>                                      | \$ <b>3,021.42</b>                                                           |
| 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals<br>from line 15; if there is only one debtor repeat total reported on line 15) | <b>\$ <u>4,773.10</u></b>                               |                                                                              |
| (Report also on Summary of Schedules and, if applicable, on<br>Statistical Summary of Certain Liabilities and Related Data)                |                                                         |                                                                              |
| 17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:     |                                                         |                                                                              |

In re Donald Keith Johnson and Nancy Elizabeth Chambers,  
 Debtor(s)

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|                                                                                                                                                                                |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) .....                                                                                                    | \$ <b>693.62</b>   |
| a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                         |                    |
| b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                         |                    |
| 2. Utilities: a. Electricity and heating fuel .....                                                                                                                            | \$ <b>190.00</b>   |
| b. Water and sewer .....                                                                                                                                                       | \$ <b>70.00</b>    |
| c. Telephone .....                                                                                                                                                             | \$ <b>35.09</b>    |
| d. Other <b>Cable/internet</b> .....                                                                                                                                           | \$ <b>95.95</b>    |
| Other <b>Cell phones</b> .....                                                                                                                                                 | \$ <b>195.00</b>   |
| 3. Home maintenance (repairs and upkeep) .....                                                                                                                                 | \$ <b>50.00</b>    |
| 4. Food .....                                                                                                                                                                  | \$ <b>450.00</b>   |
| 5. Clothing .....                                                                                                                                                              | \$ <b>50.00</b>    |
| 6. Laundry and dry cleaning .....                                                                                                                                              | \$ <b>35.00</b>    |
| 7. Medical and dental expenses .....                                                                                                                                           | \$ <b>270.00</b>   |
| 8. Transportation (not including car payments) .....                                                                                                                           | \$ <b>200.00</b>   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. .....                                                                                                      | \$ <b>40.00</b>    |
| 10. Charitable contributions .....                                                                                                                                             | \$ <b>10.00</b>    |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                                                                                  |                    |
| a. Homeowner's or renter's .....                                                                                                                                               | \$ <b>0.00</b>     |
| b. Life .....                                                                                                                                                                  | \$ <b>80.16</b>    |
| c. Health .....                                                                                                                                                                | \$ <b>0.00</b>     |
| d. Auto .....                                                                                                                                                                  | \$ <b>67.48</b>    |
| e. Other .....                                                                                                                                                                 | \$ <b>0.00</b>     |
| Other .....                                                                                                                                                                    | \$ <b>0.00</b>     |
| 12. Taxes (not deducted from wages or included in home mortgage)<br>(Specify) <b>Personal property/tags</b> .....                                                              | \$ <b>13.33</b>    |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)                                                                   |                    |
| a. Auto .....                                                                                                                                                                  | \$ <b>0.00</b>     |
| b. Other: <b>Second Mortgage</b> .....                                                                                                                                         | \$ <b>150.00</b>   |
| c. Other: .....                                                                                                                                                                | \$ <b>0.00</b>     |
| 14. Alimony, maintenance, and support paid to others .....                                                                                                                     | \$ <b>0.00</b>     |
| 15. Payments for support of additional dependents not living at your home .....                                                                                                | \$ <b>0.00</b>     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) .....                                                                         | \$ <b>0.00</b>     |
| 17. Other: <b>Pet food/pet care/vet bills</b> .....                                                                                                                            | \$ <b>60.00</b>    |
| Other: <b>Care of Wife's sister</b> .....                                                                                                                                      | \$ <b>400.00</b>   |
|                                                                                                                                                                                | \$ <b>0.00</b>     |
| 18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules<br>and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ <b>3,155.63</b> |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                   |                    |
| 20. STATEMENT OF MONTHLY NET INCOME                                                                                                                                            |                    |
| a. Average monthly income from Line 16 of Schedule I .....                                                                                                                     | \$ <b>4,773.10</b> |
| b. Average monthly expenses from Line 18 above .....                                                                                                                           | \$ <b>3,155.63</b> |
| c. Monthly net income (a. minus b.) .....                                                                                                                                      | \$ <b>1,617.47</b> |

**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF MISSOURI**  
**WESTERN DIVISION**

In re:**Donald Keith Johnson**

Case No.

and

**Nancy Elizabeth Chambers**aka **Nancy Elizabeth Johnson**aka **Nancy Elizabeth Chambers-Johnson**fdba **Nancy's Signing Services**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

---

**1. Income from employment or operation of business**

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**Year to date: 2011:** *Husband's Wages*  
**\$21,540.54 (a/o 10/02/11)**

**Last Year: 2010:**  
**\$25,054.00**

**Year before: 2009:**  
**\$26,261.99**

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**Year to date: 2011:** *Wife's Wages*  
**\$44,812.66 (a/o 10/02/11)**

**Last Year: 2010:**  
**\$50,019.00**

AMOUNT SOURCE

**Year before: 2009:**

**\$50,948.06**

**2. Income other than from employment or operation of business**

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**Year to date: 2011: -0-** **2011: None**  
**Last Year: 2010: \$12.00** **2010: Interest; dividends**  
**(interest); \$38.00** **2009: None**  
**(dividends)**

**Year before: 2009: -0-**

**3. Payments to creditors**

None Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

|                                    |                          |                 |                    |
|------------------------------------|--------------------------|-----------------|--------------------|
| <b>Creditor: Community America</b> | <b>08/11 &amp; 09/11</b> | <b>\$800.00</b> | <b>\$15,149.17</b> |
| <b>Credit Union VISA</b>           |                          |                 |                    |
| <b>Address: POB 15950</b>          |                          |                 |                    |
| <b>Lenexa, KS 66285-5950</b>       |                          |                 |                    |

|                                   |                          |                 |                   |
|-----------------------------------|--------------------------|-----------------|-------------------|
| <b>Creditor: Capital One</b>      | <b>08/11 &amp; 09/11</b> | <b>\$600.00</b> | <b>\$4,279.80</b> |
| <b>Address: Bankruptcy Notice</b> |                          |                 |                   |
| <b>Department</b>                 |                          |                 |                   |
| <b>POB 85167</b>                  |                          |                 |                   |
| <b>Richmond, VA 23285-5167</b>    |                          |                 |                   |

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None  a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER                                              | NATURE OF PROCEEDING       | COURT OR AGENCY<br>AND LOCATION                                                  | STATUS OR DISPOSITION                             |
|---------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|---------------------------------------------------|
| <i>Midland Funding LLC<br/>v. Nancy Chambers,<br/>Case No.<br/>11CY-CV03571</i> | <i>Petition on Account</i> | <i>Clay County Circuit<br/>Court<br/>11 S. Water Street<br/>Liberty MO 64068</i> | <i>Judgment for<br/>Plaintiff on<br/>08/24/11</i> |

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None  b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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#### 5. Repossessions, foreclosures and returns

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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#### 6. Assignments and receiverships

None  a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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#### 7. Gifts

None  List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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#### 8. Losses

None  List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE                                                                                                                  | DATE OF PAYMENT,<br>NAME OF PAYER IF OTHER THAN DEBTOR                           | AMOUNT OF MONEY OR<br>DESCRIPTION AND VALUE OF PROPERTY |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Payee: Lorinda D. Walters</b><br><b>Address:</b><br><b>3000 N.E. Brooktree Lane</b><br><b>Suite 230</b><br><b>Kansas City, MO 64119</b> | <b>Date of Payment: April 15, 2009</b><br><b>Payor: Nancy Elizabeth Chambers</b> | <b>\$850.00</b>                                         |

#### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>TRANSFeree, RELATIONSHIP TO DEBTOR                                                                    | DATE         | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED         |
|------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------|
| <b>Transferee: Lindan Auto</b><br><b>Address: 9200 West 57th Street,</b><br><b>Merriam, KS 66203</b><br><b>Relationship:</b> | <b>03/11</b> | <b>Property: 2001 Acura CL</b><br><b>Value: \$600.00</b> |

None b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION                                                                                                            | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER<br>AND AMOUNT OF FINAL BALANCE           | AMOUNT AND DATE<br>OF SALE OR CLOSING |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Institution: Community<br/>America Credit Union</b><br><b>Address: 9310 N. Oak</b><br><b>Trafficway, Kansas City MO</b><br><b>64155</b> | <b>Account Type and No.:<br/>Special Share Acct.<br/>#46077701</b><br><b>Final Balance: -0-</b> | <b>Closed 10/21/11</b>                |

#### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

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### 15. Prior address of debtor

None If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

---

### 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

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### 17. Environmental Information

None For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

| NAME                                | LAST FOUR DIGITS OF<br>SOCIAL-SECURITY OR<br>OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS                                                     | NATURE OF BUSINESS                                          | BEGINNING AND<br>ENDING DATES |
|-------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------|
| <i>Nancy's Signing<br/>Services</i> | <i>ID: xxx-xx-6608</i>                                                                                     | <i>106 N.W. 67th<br/>Street,<br/>Gladstone MO<br/>64118</i> | <i>Notary signing<br/>services: sole<br/>proprietorship</i> | <i>05/05 -<br/>05/08</i>      |

None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

**19. Books, records and financial statements**

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None

b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

**Name: Professional Tax  
Preparation and  
Accounting  
Missing: None**

**3206 Strong Avenue  
Kansas City KS 66106**

None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

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#### **20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

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#### **21. Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

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#### **22. Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

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#### **23. Withdrawals from a partnership or distribution by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

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**24. Tax Consolidation Group.**

None If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

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**25. Pension Funds.**

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

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*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/21/2011

Signature /s/ Donald Keith Johnson  
of Debtor

Date 10/21/2011

Signature /s/ Nancy Elizabeth Chambers  
of Joint Debtor  
(if any)

In re JOHNSON, DONALD KEITH & CHAMBERS, NANCY ELIZABETH  
Debtor(s)

Case number: \_\_\_\_\_  
(If known)

According to the calculations required by this statement:

**The applicable commitment period is 3 years.**  
 **The applicable commitment period is 5 years.**  
 **Disposable income is determined under § 1325(b)(3).**  
 **Disposable income is not determined under § 1325(b)(3).**

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly.  
Joint debtors may complete one statement only.

### Part I. REPORT OF INCOME

|                                                                                 | <b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|---------------------------------------------------------------------------------|---------------|-------------------------------------------|--------|----|-------------------------------------|-----------------------------|--------|--------|
| 1                                                                               | <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 2-10.</b><br/> b. <input checked="" type="checkbox"/> Married. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for lines 2-10.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 2                                                                               | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 3                                                                               | <p><b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero.<br/> <b>Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</b></p> <table border="1"> <tr> <td>a.</td><td>Gross receipts</td><td>\$0.00</td></tr> <tr> <td>b.</td><td>Ordinary and necessary business expenses</td><td>\$0.00</td></tr> <tr> <td>c.</td><td>Business income</td><td>Subtract Line b from Line a</td></tr> </table> | a.                          | Gross receipts | \$0.00                                                                          | b.            | Ordinary and necessary business expenses  | \$0.00 | c. | Business income                     | Subtract Line b from Line a | \$0.00 | \$0.00 |
| a.                                                                              | Gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0.00                      |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| b.                                                                              | Ordinary and necessary business expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0.00                      |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| c.                                                                              | Business income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Subtract Line b from Line a |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 4                                                                               | <p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b></p> <table border="1"> <tr> <td>a.</td><td>Gross receipts</td><td>\$0.00</td></tr> <tr> <td>b.</td><td>Ordinary and necessary operating expenses</td><td>\$0.00</td></tr> <tr> <td>c.</td><td>Rent and other real property income</td><td>Subtract Line b from Line a</td></tr> </table>                                                                                                                                  | a.                          | Gross receipts | \$0.00                                                                          | b.            | Ordinary and necessary operating expenses | \$0.00 | c. | Rent and other real property income | Subtract Line b from Line a | \$0.00 | \$0.00 |
| a.                                                                              | Gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$0.00                      |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| b.                                                                              | Ordinary and necessary operating expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$0.00                      |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| c.                                                                              | Rent and other real property income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Subtract Line b from Line a |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 5                                                                               | <b>Interest, dividends, and royalties.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 6                                                                               | <b>Pension and retirement income.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 7                                                                               | <p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses the debtor or the debtor's dependents, including child support paid for that purpose.</b><br/> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.<br/> Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>                                                                                                                                                                                                                                                                |                             |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |
| 8                                                                               | <p><b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:</p> <table border="1"> <tr> <td>Unemployment compensation claimed to be a benefit under the Social Security Act</td><td>Debtor \$0.00</td><td>Spouse \$0.00</td></tr> </table>                                                                                                                                                                                    |                             |                | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$0.00 | Spouse \$0.00                             |        |    |                                     |                             |        |        |
| Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Spouse \$0.00               |                |                                                                                 |               |                                           |        |    |                                     |                             |        |        |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |            |    |   |        |        |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|----|---|--------|--------|
| 9  | <p><b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance.</b><br/>Do not include any benefits received under the Social Security Act or payments received as a victim of a against humanity, or as a victim of international or domestic terrorism.</p> <table border="1"> <tr> <td>a.</td><td>0</td></tr> <tr> <td>b.</td><td>0</td></tr> </table> | a.         | 0          | b. | 0 | \$0.00 | \$0.00 |
| a. | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |            |    |   |        |        |
| b. | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |            |    |   |        |        |
| 10 | <b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$2,545.76 | \$4,761.38 |    |   |        |        |
| 11 | <b>Total.</b> If column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.                                                                                                                                                                                                                                                                                                                                                                                                           |            | \$7,307.14 |    |   |        |        |

## Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |        |    |        |    |        |        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|----|--------|----|--------|--------|
| 12 | <b>Enter the amount from Line 11.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$7,307.14  |        |    |        |    |        |        |
| 13 | <p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td>\$0.00</td> </tr> <tr> <td>b.</td> <td>\$0.00</td> </tr> <tr> <td>c.</td> <td>\$0.00</td> </tr> </table> | a.          | \$0.00 | b. | \$0.00 | c. | \$0.00 | \$0.00 |
| a. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |        |    |        |    |        |        |
| b. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |        |    |        |    |        |        |
| c. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |        |    |        |    |        |        |
| 14 | <b>Subtract Line 13 from Line 12 and enter the result.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$7,307.14  |        |    |        |    |        |        |
| 15 | <b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$87,685.68 |        |    |        |    |        |        |
| 16 | <p><b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)<br/>a. Enter debtor's state of residence: <u>MISSOURI</u>      b. Enter debtor's household size: <u>3</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$58,610.00 |        |    |        |    |        |        |
| 17 | <p><b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input checked="" type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>                                                                                                                                                                                                                                                                                                                                                                |             |        |    |        |    |        |        |

## Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |        |    |        |    |        |        |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|----|--------|----|--------|--------|
| 18 | <b>Enter the amount from Line 11.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$7,307.14 |        |    |        |    |        |        |
| 19 | <p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1"> <tr> <td>a.</td> <td>\$0.00</td> </tr> <tr> <td>b.</td> <td>\$0.00</td> </tr> <tr> <td>c.</td> <td>\$0.00</td> </tr> </table> | a.         | \$0.00 | b. | \$0.00 | c. | \$0.00 | \$0.00 |
| a. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |        |    |        |    |        |        |
| b. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |        |    |        |    |        |        |
| c. | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |        |    |        |    |        |        |
| 20 | <b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$7,307.14 |        |    |        |    |        |        |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$87,685.68 |
| 22 | Applicable median family income. Enter the amount from Line 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$58,610.00 |
| 23 | <p><b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement.</p> <p><b>Do not complete Parts IV, V, or VI.</b></p> |             |

## Part IV. CALCULATION OF DEDUCTIONS ALLOWED FROM INCOME

### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

| 24A                                     | <p><b>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.</b> Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$1,171.00                                 |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------|--------------------------------------------|----------|------------------------------------------------------------------------------------------|----------------------|---------|-----------------------------|------------------------------|----------|-----|-------------------|---|-----|-------------------|---|-----|----------|----------|-----|----------|--------|----------|
| 24B                                     | <p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" data-bbox="181 1030 1339 1184"> <thead> <tr> <th colspan="2">Household members under 65 years of age</th> <th colspan="2">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per member</td> <td>\$60.00</td> <td>a2.</td> <td>Allowance per member</td> <td>\$144.00</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td>3</td> <td>b2.</td> <td>Number of members</td> <td>0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>\$180.00</td> <td>c2.</td> <td>Subtotal</td> <td>\$0.00</td> </tr> </tbody> </table> | Household members under 65 years of age    |                                                            | Household members 65 years of age or older |          | a1.                                                                                      | Allowance per member | \$60.00 | a2.                         | Allowance per member         | \$144.00 | b1. | Number of members | 3 | b2. | Number of members | 0 | c1. | Subtotal | \$180.00 | c2. | Subtotal | \$0.00 | \$180.00 |
| Household members under 65 years of age |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Household members 65 years of age or older |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| a1.                                     | Allowance per member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$60.00                                    | a2.                                                        | Allowance per member                       | \$144.00 |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| b1.                                     | Number of members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3                                          | b2.                                                        | Number of members                          | 0        |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| c1.                                     | Subtotal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$180.00                                   | c2.                                                        | Subtotal                                   | \$0.00   |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| 25A                                     | <p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$432.00                                   |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| 25B                                     | <p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b></p> <table border="1" data-bbox="181 1586 1339 1719"> <tbody> <tr> <td>a.</td> <td>IRS Housing and Utilities Standards; mortgage/rent Expense</td> <td>\$917.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$843.62</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td>Subtract Line b from Line a.</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a.                                         | IRS Housing and Utilities Standards; mortgage/rent Expense | \$917.00                                   | b.       | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$843.62             | c.      | Net mortgage/rental expense | Subtract Line b from Line a. | \$73.38  |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| a.                                      | IRS Housing and Utilities Standards; mortgage/rent Expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$917.00                                   |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| b.                                      | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$843.62                                   |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| c.                                      | Net mortgage/rental expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract Line b from Line a.               |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |
| 26                                      | <p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$0.00                                     |                                                            |                                            |          |                                                                                          |                      |         |                             |                              |          |     |                   |   |     |                   |   |     |          |          |     |          |        |          |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|----------|----|----------------------------------------------------------------------------------|---------|----|-------------------------------------------|------------------------------|----------|
| 27A | <p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b><br/>           You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.<br/>           Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.<br/>           If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>                                                                                                                                                                                                                                                                                                                             | \$424.00                     |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 27B | <p><b>Local Standards: transportation; additional public transportation expense.</b><br/>           If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 28  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more.<br/>           Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a Line 28. <b>Do not enter an amount less than zero.</b></p> <table border="1" data-bbox="197 819 1351 967"> <tr> <td data-bbox="197 819 257 851">a.</td><td data-bbox="257 819 866 851">IRS Transportation Standards, Ownership Costs</td><td data-bbox="866 819 1351 851">\$496.00</td></tr> <tr> <td data-bbox="197 851 257 925">b.</td><td data-bbox="257 851 866 925">Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td data-bbox="866 851 1351 925">\$23.33</td></tr> <tr> <td data-bbox="197 925 257 967">c.</td><td data-bbox="257 925 866 967">Net ownership/lease expense for Vehicle 1</td><td data-bbox="866 925 1351 967">Subtract Line b from Line a.</td></tr> </table> | a.                           | IRS Transportation Standards, Ownership Costs | \$496.00 | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$23.33 | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. | \$472.67 |
| a.  | IRS Transportation Standards, Ownership Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$496.00                     |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| b.  | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$23.33                      |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| c.  | Net ownership/lease expense for Vehicle 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Subtract Line b from Line a. |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 29  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28.<br/>           Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a Line 29. <b>Do not enter an amount less than zero.</b></p> <table border="1" data-bbox="197 1178 1351 1326"> <tr> <td data-bbox="197 1178 257 1210">a.</td><td data-bbox="257 1178 866 1210">IRS Transportation Standards, Ownership Costs</td><td data-bbox="866 1178 1351 1210">\$0.00</td></tr> <tr> <td data-bbox="197 1210 257 1284">b.</td><td data-bbox="257 1210 866 1284">Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td data-bbox="866 1210 1351 1284">\$0.00</td></tr> <tr> <td data-bbox="197 1284 257 1326">c.</td><td data-bbox="257 1284 866 1326">Net ownership/lease expense for Vehicle 2</td><td data-bbox="866 1284 1351 1326">Subtract Line b from Line a.</td></tr> </table>                                                                                                                                           | a.                           | IRS Transportation Standards, Ownership Costs | \$0.00   | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$0.00  | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$0.00   |
| a.  | IRS Transportation Standards, Ownership Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| b.  | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| c.  | Net ownership/lease expense for Vehicle 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Subtract Line b from Line a. |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 30  | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$1,282.14                   |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 31  | <p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 32  | <p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life, or for any other form of insurance.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$93.88                      |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 33  | <p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 49.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 34  | <p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |
| 35  | <p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare -- such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$0.00                       |                                               |          |    |                                                                                  |         |    |                                           |                              |          |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 36 | <b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. <b>Do not include payments for health insurance listed or health savings accounts listed in Line 39.</b> | \$90.00    |
| 37 | <b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health that of your dependents. <b>Do not include any amount previously deducted.</b>                     | \$47.98    |
| 38 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.                                                                                                                                                                                                                                                                                                                                                          | \$4,267.05 |

**Subpart B: Additional Living Expense Deductions****Note: Do not include any expenses that you have listed in Lines 24-37**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |    |                  |          |    |                      |         |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|------------------|----------|----|----------------------|---------|----|
| 39 | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.                                                                                                                                                                                                                                                                                     | \$248.26 |    |                  |          |    |                      |         |    |
|    | <table border="1"> <tr> <td>a.</td><td>Health Insurance</td><td>\$211.51</td></tr> <tr> <td>b.</td><td>Disability Insurance</td><td>\$36.75</td></tr> <tr> <td>c.</td><td>Health Savings Account</td><td>\$0.00</td></tr> </table>                                                                                                                                                                                                                                                                                          |          | a. | Health Insurance | \$211.51 | b. | Disability Insurance | \$36.75 | c. |
| a. | Health Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$211.51 |    |                  |          |    |                      |         |    |
| b. | Disability Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$36.75  |    |                  |          |    |                      |         |    |
| c. | Health Savings Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$0.00   |    |                  |          |    |                      |         |    |
|    | Total and enter on Line 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |    |                  |          |    |                      |         |    |
|    | <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:<br>\$0.00                                                                                                                                                                                                                                                                                                                                                                                  |          |    |                  |          |    |                      |         |    |
| 40 | <b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>                                                                                                                | \$400.00 |    |                  |          |    |                      |         |    |
| 41 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.                                                                                                                                                                                | \$0.00   |    |                  |          |    |                      |         |    |
| 42 | <b>Home energy costs.</b> Enter the average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs.<br><b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and</b>                                                                                                                                                   | \$0.00   |    |                  |          |    |                      |         |    |
| 43 | <b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>                 | \$0.00   |    |                  |          |    |                      |         |    |
| 44 | <b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b> | \$0.00   |    |                  |          |    |                      |         |    |
| 45 | <b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>                                                                                                                                                                                          | \$10.00  |    |                  |          |    |                      |         |    |
| 46 | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.                                                                                                                                                                                                                                                                                                                                                                                                                          | \$658.26 |    |                  |          |    |                      |         |    |

**Subpart C: Deductions for Debt Payment**

| 47                                             | <p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Community America C</td> <td>Homestead</td> <td>\$693.62</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>b.</td> <td>Community America C</td> <td>Homestead</td> <td>\$150.00</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>c.</td> <td>HSBC Retail Services</td> <td>32: Flat Screen Television</td> <td>\$36.42</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>d.</td> <td>William &amp; Ellen Drew</td> <td>2001 Ford Ranger</td> <td>\$23.33</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>e.</td> <td></td> <td></td> <td>\$0.00</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4"></td> <td>Total: Add Lines a - e</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     |            | Name of Creditor                                   | Property Securing the Debt | Average Payment           | Does payment include taxes or insurance?                                                                                                                                                                                                                               | a.      | Community America C | Homestead                                                 | \$693.62                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | b. | Community America C | Homestead | \$150.00 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | c.     | HSBC Retail Services | 32: Flat Screen Television | \$36.42 | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. | William & Ellen Drew | 2001 Ford Ranger | \$23.33 | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. |  |  | \$0.00                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |        |  | Total: Add Lines a - e | \$903.37 |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|------------|----------------------------------------------------|----------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|----|---------------------|-----------|----------|---------------------------------------------------------------------|--------|----------------------|----------------------------|---------|----------------------------------------------------------|----|----------------------|------------------|---------|----------------------------------------------------------|----|--|--|------------------------|----------------------------------------------------------|--|--|--------|--|------------------------|----------|
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of Creditor                                                                                                                                                                                                                                                       | Property Securing the Debt    | Average Payment                                          | Does payment include taxes or insurance?                            |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
|                                                | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Community America C                                                                                                                                                                                                                                                    | Homestead                     | \$693.62                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
|                                                | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Community America C                                                                                                                                                                                                                                                    | Homestead                     | \$150.00                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
|                                                | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HSBC Retail Services                                                                                                                                                                                                                                                   | 32: Flat Screen Television    | \$36.42                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
|                                                | d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | William & Ellen Drew                                                                                                                                                                                                                                                   | 2001 Ford Ranger              | \$23.33                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
| e.                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        | \$0.00                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                     |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
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| 48                                             | <p><b>Other payments on secured claims.</b> If any of the debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$0.00</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$0.00</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$0.00</td> </tr> <tr> <td>d.</td> <td></td> <td></td> <td>\$0.00</td> </tr> <tr> <td>e.</td> <td></td> <td></td> <td>\$0.00</td> </tr> <tr> <td colspan="4"></td> </tr> <tr> <td colspan="4">Total: Add Lines a - e</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     |            | Name of Creditor                                   | Property Securing the Debt | 1/60th of the Cure Amount | a.                                                                                                                                                                                                                                                                     |         |                     | \$0.00                                                    | b.                            |                                                                     |    | \$0.00              | c.        |          |                                                                     | \$0.00 | d.                   |                            |         | \$0.00                                                   | e. |                      |                  | \$0.00  |                                                          |    |  |  | Total: Add Lines a - e |                                                          |  |  | \$0.00 |  |                        |          |
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| 49                                             | <p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 33.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     | \$0.00     |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
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| 50                                             | <p><b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$1,616.00</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>x 0.049</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     | a.         | Projected average monthly Chapter 13 plan payment. | \$1,616.00                 | b.                        | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x 0.049 | c.                  | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b | \$79.184                                                            |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
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|                                                | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Average monthly administrative expense of Chapter 13 case                                                                                                                                                                                                              | Total: Multiply Lines a and b |                                                          |                                                                     |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
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| 51                                             | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     | \$982.55   |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
| <b>Subpart D: Total Deductions from Income</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     |            |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |
| 52                                             | <b>Total of all deductions from income.</b> Enter the total of Lines 38, 46, and 51.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |                               |                                                          |                                                                     | \$5,907.86 |                                                    |                            |                           |                                                                                                                                                                                                                                                                        |         |                     |                                                           |                               |                                                                     |    |                     |           |          |                                                                     |        |                      |                            |         |                                                          |    |                      |                  |         |                                                          |    |  |  |                        |                                                          |  |  |        |  |                        |          |

|                                                                      |                                                                                                                                                                                                                                                                                                              |  |            |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|
| <b>Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)</b> |                                                                                                                                                                                                                                                                                                              |  |            |
| 53                                                                   | <b>Total current monthly income.</b> Enter the amount from Line 20.                                                                                                                                                                                                                                          |  | \$7,307.14 |
| 54                                                                   | <b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. |  | \$0.00     |
| 55                                                                   | <b>Qualified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).           |  | \$94.55    |
| 56                                                                   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.                                                                                                                                                                                                                     |  | \$5,907.86 |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                   |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|
| 57 | <p><b>Deduction for special circumstances.</b> If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57.</p> <p><b>You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and</b></p> |                                 |                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Nature of special circumstances | Amount of expense |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | \$0.00            |
|    | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | \$0.00            |
| c. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0.00                          |                   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Total: Add Lines a, b, and c    | \$0.00            |
| 58 | <p><b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, 56, and 57 and enter the result.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                   |
| 59 | <p><b>Monthly Disposable Income Under § 1325(b)(2).</b> Subtract Line 58 from Line 53 and enter the result.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                   |

#### Part VI: ADDITIONAL EXPENSE CLAIMS

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------|
| 60 | <p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> |                              |                |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Expense Description          | Monthly Amount |
|    | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | \$0.00         |
|    | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | \$0.00         |
|    | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | \$0.00         |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total: Add Lines a, b, and c | \$0.00         |

#### Part VII: VERIFICATION

|    |                                                                                                                                                                       |                                                |                                |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|
| 61 | <p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this a joint case, both debtors must sign.)</i></p> |                                                |                                |
|    | Date: <u>10/21/2011</u>                                                                                                                                               | Signature: <u>/s/ Donald Keith Johnson</u>     | <i>(Debtor)</i>                |
|    | Date: <u>10/21/2011</u>                                                                                                                                               | Signature: <u>/s/ Nancy Elizabeth Chambers</u> | <i>(Joint Debtor, if any )</i> |

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF MISSOURI  
WESTERN DIVISION

In re *Donald Keith Johnson  
and*

*Nancy Elizabeth Chambers  
aka Nancy Elizabeth Johnson  
aka Nancy Elizabeth Chambers-Johnson  
fdba Nancy's Signing Services*

Case No.  
Chapter 13

/ Debtor

Attorney for Debtor: *Lorinda D. Walters*

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . \$ 1,700.00
  - b) Prior to the filing of this statement, debtor(s) have paid . . . . . \$ 850.00
  - c) The unpaid balance due and payable is . . . . . \$ 850.00
3. \$ 274.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
*None*

Dated: *10/21/2011*

Respectfully submitted,

*X/s/ Lorinda D. Walters*  
Attorney for Petitioner: *Lorinda D. Walters*  
*Walters Legal Services*  
*3000 N.E. Brooktree Lane*  
*Suite 230*  
*Kansas City MO 64119*  
*(816) 454-3000*

**UNITED STATES BANKRUPTCY COURT**  
**WESTERN DISTRICT OF MISSOURI**  
**WESTERN DIVISION**

In re *Donald Keith Johnson*  
and  
*Nancy Elizabeth Chambers*  
*aka Nancy Elizabeth Johnson*  
*aka Nancy Elizabeth Chambers-Johnson*  
*dba Nancy's Signing Services*

Case No.  
Chapter 13

/ Debtor

Attorney for Debtor: *Lorinda D. Walters*

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge and includes the name and address of my ex-spouse (if any).

Date: 10/21/2011

/s/ Donald Keith Johnson  
Debtor

/s/ Nancy Elizabeth Chambers  
Joint Debtor

Alliance Radiology  
POB 804451  
Kansas City MO 64180

Alliance Radiology  
POB 809012  
Kansas City MO 64180-9012

American Express  
POB 650448  
Dallas TX 75265-0448

American Express  
POB 26312  
Lehigh Valley PA 18002-6312

American Express  
POB 297879  
Fort Lauderdale FL 33329-7879

American Express  
POB 6618  
Omaha NE 68105-0618

American Recovery Services Inc  
555 St Charles Drive  
Suite 100  
Thousand Oaks CA 91360

Asset Management  
POB 2824  
Woodstock GA 30188-1386

Asset Management  
665 Molly Lane  
Suite 110  
Woodstock GA 30189

Capital Management Services  
726 Exchange Street  
Suite 700  
Buffalo NY 14210

Capital One  
POB 60024  
City of Industry CA 91716-0024

Capital One  
POB 60599  
City of Industry CA 91716-0599

Capital One  
POB 30285  
Salt Lake City UT 84130-0285

Capital One  
Bankruptcy Notice Department  
POB 85167  
Richmond VA 23285-5167

Cardmember Services  
POB 15548  
Wilmington DE 19886-5548

Chase Bank  
POB 94014  
Palatine IL 60094-4014

Clay County Circuit Clerk  
11 S Water Street  
Liberty MO 64068

Community America Credit Union  
POB 809002  
Kansas City MO 64180

Community America Credit Union  
9777 Ridge Drive  
Lenexa KS 66219

Community America Credit Union  
POB 14908  
Lenexa KS 66285-4908

Community America Credit Union  
POB 15950  
Lenexa KS 66285-5950

Credit World Services  
6000 Martway Street  
Shawnee Mission KS 66202-3339

Customer Service  
POB 981535  
El Paso TX 79998-1535

Dell Financial Services  
c/o DFS Customer Care Dept  
POB 81577  
Austin TX 78708-1577

Dell Financial Services  
Payment Processing Center  
POB 6403  
Carol Stream IL 60197-6403

Financial Recovery Services  
POB 385908  
Minneapolis MN 55438-5908

FIS Remittance Center  
POB 4515  
Carol Stream IL 60197-4515

Gamache & Myers P C  
1000 Camera Avenue  
Suite A  
Crestwood MO 63126

Gamache & Myers PC  
1000 Camera Avenue  
Suite A  
Saint Louis MO 63126

General Revenue Corp  
Wage Withholding Unit  
POB 495926  
Cincinnati OH 45249-5926

General Revenue Corp  
325 Daniel Zenker Road  
Horseheads NY 14845

General Revenue Corp  
POB 495901  
Cincinnati OH 45249-5901

HSBC - Best Buy  
POB 15521  
Wilmington DE 19805

HSBC Card Services  
POB 5244  
Carol Stream IL 60197-5244

HSBC Retail Services  
POB 5238  
Carol Stream IL 60197-5238

HSBC Retail Services  
POB 4144  
Carol Stream IL 60197-4144

Kramer & Frank PC  
Elizabeth C Ashton  
1125 Grand Boulevard #600  
Kansas City MO 64106-2501

Litow Law Office P C  
1162A E Gannon Drive  
Festus MO 63028

Martin Pringle Oliver Wallace  
4700 Bellevue  
Suite 210  
Kansas City MO 64112

Martin Pringle Oliver Wallace  
100 N Broadway  
Suite 500  
Wichita KS 67202

Mercantile Adjustment Bureau  
POB 9016  
Williamsville NY 14231-9016

Mercantile Adjustment Bureau  
6341 Inducon Drive East  
Sanborn NY 14132-9097

Midland Credit Management  
POB 60578  
Los Angeles CA 90060-0578

Midland Credit Management  
8875 Aero Drive  
Suite 2  
San Diego CA 92123

Midland Credit Management Inc  
Dept 12421  
POB 603  
Oaks PA 19456

Midland Funding LLC  
8875 Aero Drive  
Suite 200  
San Diego CA 92123

Midland Funding LLC  
POB 939019  
San Diego CA 92193-9019

MO Dept of Higher Education  
POB 495926  
Cincinnati OH 45249-5926

MO Dept of Higher Education  
Attn Tax Offset Unit  
POB 55755  
Boston MA 02205

North Kansas City Hospital  
2800 Clay Edwards Drive  
N Kansas City MO 64116-3281

North Kansas City Hospital  
POB 504792  
Saint Louis MO 63150-4792

Optima Recovery  
POB 52968  
Knoxville TN 37590-2968

Palmer Law Office  
2301 Burlington  
Suite 270  
N Kansas City MO 64116

Palmer Law Office  
2301 Burlington  
Suite 270  
Kansas City MO 64116

People's United Bank  
POB 7092  
Bridgeport CT 06601-7092

People's United Bank  
POB 18204  
Bridgeport CT 06601-3402

RBS Card Services  
POB 42010  
Providence RI 02940-2010

Richard J Boudreaux & Assoc s  
5 Industrial Way  
Salem NH 03079

St Luke's Health System  
POB 803998  
Kansas City MO 64180-3998

St Luke's Northland Hospital  
5830 N W Barry Road  
Kansas City MO 64154

Target National Bank  
POB 59317  
Minneapolis MN 55459-0317

Venture Financial Services Inc  
POB 16568  
Raytown MO 64133-0568

Venture Financial Services Inc  
9500 East 63rd Street  
Suite 202  
Kansas City MO 64133

WFNNB  
POB 182124  
Columbus OH 43218-2124

WFNNB  
POB 659728  
San Antonio TX 78265-9728

WFNNB  
Bankruptcy Department  
POB 182125  
Columbus OH 43218-2125

William & Ellen Drew  
300 Shannon Avenue  
Smithville MO 64089

Zwicker & Associates PC  
80 Minuteman Road  
Andover MA 01810-1031

**WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2**

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.**